



Minnesota Department of Public Safety  
State Fire Marshal Division  
Burn Injury Report



Submission of this report is required pursuant to Minnesota Statute  
Section 626.52, Subd. 3. See reverse for citation.

Nearest City or Town to Where Burn Occured		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth																		
County	State	Zip Code	Medical Record #																		
Date of Injury	Time of Injury	Percent of the Body Burned by Degree of Burn _____ % 1st _____ % 2nd _____ % 3rd _____ Total Area Burned																			
Area(s) of Body Burned (Check All that Apply)  <input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Leg    L - R <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Foot    L - R <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Arm    L - R <input type="checkbox"/> Back <input type="checkbox"/> Buttocks <input type="checkbox"/> Hand    L - R <input type="checkbox"/> Groin <input type="checkbox"/> Genitals <input type="checkbox"/> Inhalation		Disposition of Patient  <input type="checkbox"/> Treated and Released <input type="checkbox"/> Admitted <input type="checkbox"/> Treated / Transferred (Receiving Hospital / Location): _____  <input type="checkbox"/> Death																			
Location / Activity at Time of Burn Injury (Check All that Apply)  <input type="checkbox"/> Employment / Work Activity <input type="checkbox"/> Recreational Activity <input type="checkbox"/> Home: <input type="checkbox"/> Basement <input type="checkbox"/> Bathroom <input type="checkbox"/> Bedroom <input type="checkbox"/> Livingroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors <input type="checkbox"/> Cooking <input type="checkbox"/> Sleeping <input type="checkbox"/> Home Maintenance / Repair <input type="checkbox"/> Vehicle Maintenance / Repair <input type="checkbox"/> Other (Describe): _____																					
Cause of Burn Injury (Check All that Apply)  <table border="0"><tr><td><input type="checkbox"/> Contact with Hot Liquid (Not Burning)</td><td><input type="checkbox"/> Chemical (Describe): _____</td></tr><tr><td><input type="checkbox"/> Contact with Hot Object</td><td><input type="checkbox"/> Electrical (Describe): _____</td></tr><tr><td>    <input type="checkbox"/> Heating Device</td><td><input type="checkbox"/> Explosion (Describe): _____</td></tr><tr><td>    <input type="checkbox"/> Electrical Appliance / Device</td><td><input type="checkbox"/> Explosives (Not Fireworks)</td></tr><tr><td><input type="checkbox"/> Contact with Open Flame From</td><td><input type="checkbox"/> Fireworks (Type): _____</td></tr><tr><td>    <input type="checkbox"/> Burning Liquid</td><td><input type="checkbox"/> Smoking</td></tr><tr><td>    <input type="checkbox"/> Burning Solid</td><td><input type="checkbox"/> Structure Fire</td></tr><tr><td>    <input type="checkbox"/> Burning Vapor / Gas</td><td><input type="checkbox"/> Sunburn</td></tr><tr><td>    <input type="checkbox"/> Candle or Other Open Flame</td><td><input type="checkbox"/> Other Object or Material: _____</td></tr></table>				<input type="checkbox"/> Contact with Hot Liquid (Not Burning)	<input type="checkbox"/> Chemical (Describe): _____	<input type="checkbox"/> Contact with Hot Object	<input type="checkbox"/> Electrical (Describe): _____	<input type="checkbox"/> Heating Device	<input type="checkbox"/> Explosion (Describe): _____	<input type="checkbox"/> Electrical Appliance / Device	<input type="checkbox"/> Explosives (Not Fireworks)	<input type="checkbox"/> Contact with Open Flame From	<input type="checkbox"/> Fireworks (Type): _____	<input type="checkbox"/> Burning Liquid	<input type="checkbox"/> Smoking	<input type="checkbox"/> Burning Solid	<input type="checkbox"/> Structure Fire	<input type="checkbox"/> Burning Vapor / Gas	<input type="checkbox"/> Sunburn	<input type="checkbox"/> Candle or Other Open Flame	<input type="checkbox"/> Other Object or Material: _____
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<input type="checkbox"/> Check here if your medical opinion of the cause differs from that given by the patient. (Explain -Use back of form if necessary): _____																					
Reporting Facility / Address / City / State / Zip																					
Name of Attending Physician																					
Name and Signature of Person Completing Report			Date																		

### **Burn Injury Reporting Statute**

*Minnesota Statutes* 626.52, Subd. 3. **Reporting Burns.** A health professional shall file a written report with the state fire marshal within 72 hours after being notified of a burn injury or wound that the professional is called upon to treat, dress, or bandage, if the victim has sustained second- or third-degree burns to five percent or more of the body, the victim has sustained burns to the upper respiratory tract or sustained laryngeal edema from inhaling superheated air, or the victim has sustained a burn injury or wound that may result in the victim's death. The state fire marshal shall provide the form for the report.